

## **EXHIBIT C**

Exhibit C, is showing the plaintiff  
Grievances.

- 3 Pages -

**Case No.** \_\_\_\_\_



**STATE OF INDIANA**  
**Department of Correction**

Indiana Government Center—South

302 W. Washington Street • Indianapolis, Indiana 46204-2738

Phone: (317) 232-5711 • Fax: (317) 232-6798 • Website: [www.in.gov/idoc/](http://www.in.gov/idoc/)

**Eric J. Holcomb**  
Governor

**Robert E. Carter Jr.**  
Commissioner

To: Wallace, Ricky #268162 HH 1B 7

From: Administrative Office

RE: Legionella related grievance

12/17/2021

The IDOC is coordinating their response to potential Legionella exposure with the Indiana Department of Health and Centers for Disease Control. In line with their recommendations, the facility has installed point of use filters on showers in both buildings where cases have been confirmed. These filters create a barrier against waterborne contaminants, including the legionella bacteria, which allows incarcerated individuals to safely shower. Toilets and drinking water continue to be safe.

The Indiana Department of Correction is awaiting the results of testing on water samples and fixtures within the facility, which could take several days. Once that information is available, appropriate remediation will be determined and carried out.

All communicated symptoms have been forwarded to our contracted health care provider to be addressed as deemed appropriate in their professional judgement. As the response is approved by Central Office, you have now exhausted your administrative remedies and we will defer to Central Office for further response.

Sincerely,

A handwritten signature in black ink, appearing to be "A. Smith", written over a horizontal line.

Aaron Smith  
Executive Administrative Assistant

**OFFENDER GRIEVANCE**State Form 45471 (R5 / 3-20)  
DEPARTMENT OF CORRECTION

DEC 06 2021

**FOR OFFICIAL USE ONLY**

Grievance number

|   |  |   |   |
|---|--|---|---|
| To:<br><b>Facility Grievance Specialist</b>   |  | Facility<br><b>FSR</b>                                  | Date (month, day, year)<br><b>12/4/2021</b>   |
| From (name of offender)<br><b>Ricky Wallace</b>   |  | DOC number<br><b>268162</b>                             | Signature of offender<br><i>Ricky Wallace</i> |
| Housing assignment<br><b>B-7</b>  |  | Date of incident (month, day, year)<br><b>12/4/2021</b> |   |
| <p>Provide a brief, clear statement of your complaint or concern. Include any information that may assist staff in responding to your grievance.<br/>(NOTE: A Single ONE-sided sheet of paper may be attached if necessary to explain your grievance.)</p> <p>The water I been drinking out the sink have been causing me to have headache in muscle aches I don't feel like myself. Also I notice I been having alot of b/c movements that's been runs. I didn't start feeling this way until I started drinking the water</p> |  |   |   |
| <p>State the relief that you are seeking.</p> <p>I'm asking that you bring bottles of water to me every three to six hours until the water system is fixed.</p>   |  |   |   |
| Signature of Facility Grievance Specialist  |  |   | Date (month, day, year)                       |